

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 03 OCT 30 AM 9:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F97000080479

1. Corporation Name

Har-Sagi, Inc.

2. Principal Office Address

3130 N. Pine Island Road

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

Zip

33351

Country

US

Zip

Country

REINSTATEMENT 99-03

4. Date Incorporated or Qualified To Do Business in Florida

9/17/1997

5. FEI Number

65-0785972

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nancy A. Mangel, f/k/a Nancy A. Stern

600024288236

Street Address (P.O. Box Number is Not Acceptable)

3130 North Pine Island Road

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*Nancy Mangel*

REGISTERED AGENT MUST SIGN

Date

10/29/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Nancy A. Mangel, f/k/a Nancy A. Stern	3130 N. Pine Island Road	Sunrise, FL 33351

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Nancy Mangel*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03

Date

954-749-8100

Daytime Phone #

0325081100020